

## STATEMENT PERTAINING TO CONFLICTS OF INTEREST

A conflict of interest may occur if I have any financial relationship(s), board membership(s), or other interests which may bias or influence decision-making. I understand that I have an obligation to disclose any interests which may give rise to a conflict of interest or the appearance of a conflict of interest. The nature of those interests, the specific transaction and arrangements with respect to which such conflict of interest or the appearance thereof may exist, and the reasons why such interests may give rise to conflict of interest or the appearance thereof are as follows:

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*(Please write "None" if applicable. Please attach additional sheets, if additional space is needed.)*

I also hereby certify that if any possible transaction or arrangement should be considered in the future with respect to which I may have a conflict of interest, or which has the appearance of creating a conflict of interest, I will promptly disclose the circumstances to the Montana Patient-Centered Medical Home Advisory Council regarding the proposed transaction or arrangement, and will comply with the conflict of interest statement noted above in all regards with respect to such transaction or arrangement, including leaving any meeting during the discussion thereof and the vote thereon.

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Name

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Position

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Date